

Application for:

Coverage by the
GROUND WATER OIL CLEAN-UP FUND
Discharge from an Aboveground Storage Tank

Maine Department of Public Safety
Office of the State Fire Marshal
52 State House Station
Augusta, Maine 04333-0052

(207) 626-3880 (telephone)
(207) 287-6251 (fax)

The Applicant MUST sign this form in the Applicant's Signature box before this application can be considered for coverage by the fund. Complete this form based on conditions and information at the time of the discharge. On this form, the term "spill" includes, but is not limited to spills, leaks, discharges, and releases of product. "DEP" means Maine Department of Environmental Protection. Use additional sheets of paper, as necessary, to provide specific details and information needed to answer questions. DO NOT SEND ANY MONEY WITH THIS FORM.

Notice of Eligibility, Assignment of Deductible will be sent by CERTIFIED MAIL. Watch for and be sure to accept the reply.

DEP Spill Number:
Form Provided By:
<input type="checkbox"/> DEP RESPONDER <input type="checkbox"/> FIRE MARSHAL'S OFFICE <input type="checkbox"/> WEBSITE
Date Application Was Received:
Additional Information Requested:
Additional Information Received:
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Deductible: \$ _____ Signature: _____ Date: _____

OWNER:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name: _____ Initial: _____ Last Name: _____
Mailing Address: _____	
City: _____	State: _____ ZIP/Postal Code: _____
Telephone Number: _____	

FACILITY: (any place with an aboveground storage tank or an aboveground supply tank.)

Name of Facility, if any: _____	
Physical Address (Street and Number): _____	
City: _____	County: _____ Telephone: _____
Contact Person: _____ Telephone: _____	
Type of Facility: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Supply (includes residential heating system) <input type="checkbox"/> Storage (for dispensing into vehicles and equipment)
Total Aboveground Capacity Owned in Maine: _____ This application will be INELEGIBLE for coverage by the fund if this section is not completed!	
Aboveground Storage Capacity at: Primary Residence _____ Other Aboveground Storage (Specify) _____ Secondary/Seasonal Residence(s) _____ Capacity at Site of Discharge* _____ Business Properties _____ (* Mark "AR" (already reported) if it has been Properties Rented to Others _____ included in another category)	
Total Capacity Owned: _____ Gallons	
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the owner applied for or been covered for any other discharges? If "Yes", list the location, date, DEP Spill Number, and amount requested or covered for each other request.	